

REQUEST FOR CHANGE/ACTION

South Carolina Department of Education
Division of Educator Quality and Leadership – Office of Educator Certification – www.scteachers.org
3700 Forest Drive, Suite 500
Columbia, South Carolina 29204

Directions

- ❖ To initiate action, please complete and submit this form along with support documentation to above address.
- ❖ Requests may be submitted by mail, fax (803-734-2873), or hand-delivery. Requests will be processed in the order they are received, regardless of the method of submission.

SSN	_____	Certificate #	_____	District	Employed	_____
Name	_____	_____	_____	_____	_____	_____
	Last	First	MI	Former Name		
Address	_____	_____	_____	_____	_____	_____
	Street	City	State	Zip		
E-Mail	_____	Home Ph.	()	Work Ph.	()	
Are you currently applying for or participating in PACE (alternative certification)?						<input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate the nature of your request in the area below.

- ☐ 1. Evaluate my transcripts for the alternative certification program (PACE) in the subject of _____.
- ☐ 2. Advance my PACE certificate to a professional certificate. All required documentation has been submitted.
- ☐ 3. Evaluate my file for adding the certificate area of _____.
- ☐ 4. Evaluate my file for eligibility for the *master's plus 30* credential in the certificate area of _____.
- ☐ 5. Add the following certificate area(s) for which *all* requirements have been met: _____.
- ☐ 6. Add a one-year extension to my professional certificate.
- ☐ 7. Renew my professional certificate. All required documentation ☐ has been submitted or ☐ is enclosed.
- ☐ 8. Advance my initial certificate to a professional certificate *prior to* the automatic processing date (June 30).
All requirements have been met. (Teachers who are eligible to advance to a professional certificate and who wish to wait until the June 30 automatic processing date do *not* need to submit this request form.)
- ☐ 9. Advance my temporary certificate to the initial or professional level.
- ☐ 10. Advance my certificate to the *bachelor's plus 18* level. Official *graduate* transcripts have been submitted.
- ☐ 11. Advance my certificate to the *master's degree* level. Official *graduate* transcripts have been submitted.
- ☐ 12. Advance my certificate to the *master's plus 30* level in the area of _____.
- ☐ 13. Advance my certificate to the *doctorate degree* level. Official *graduate* transcripts have been submitted.
- ☐ 14. Approve the following course _____ (*PACE teachers check the Web site for procedures.*)
from _____ for the purpose of _____. A course description is attached.
- ☐ 15. Change my name and/or address, as listed above.
- ☐ 16. Add additional year(s) of teaching experience. Verification forms are ☐ on file or ☐ enclosed.
- ☐ 17. Send me a duplicate certificate. The \$5.00 fee is enclosed. (*check or money order only*)
- ☐ 18. Other _____

Signature

Date

Effective Date of Credential

If the State Department of Education (SDE) receives the educator's request and all required documentation between

- ❖ May 1 and November 1: The change in status, if approved, will be effective July 1 of the same calendar year.
- ❖ November 2 and April 30: If the educator submitted the request within 45 days of fulfilling the requirements, the change in status, if approved, will be effective on the date that all requirements were satisfied.
- ❖ November 2 and April 30: If the educator submitted the request more than 45 days *after* fulfilling the requirements, the change in status, if approved, will be effective on the date that all information was received by the SDE.